



WDM HUMAN SERVICES - HOLIDAY SPONSOR FORM 2016

(Please Print)

Contact Name	
Organization Name (if applicable)	
Address	
City, State, Zip	
Phone	
E-Mail	

Do you speak Spanish? ☐ Yes ☐ No

Have you been a sponsor in the past? ☐ Yes ☐ No

Please check your preference for gift delivery:

☐ We will deliver directly to the family(s). ☐ We will deliver to WDM Human Services.

Please check the program(s) listed below for which you would like to participate:

☐ **Food Card and/or Food Basket:**

☐ **Option 1:** Purchase a food card(s) in \$25 denomination(s)* from a grocery provider for _____ (holiday).

How many households do you wish to assist with food cards? _____ Maximum size of family(s): _____

**Please note, food cards distributed through WDM Human Services are \$25 per household, regardless of household size; if you select to deliver directly to a family, you may provide a higher amount if desired.*

☐ **Option 2:** Provide a food basket(s)* for Thanksgiving.

How many households do you wish to assist with food baskets? _____ Maximum size of family(s): _____

**Please note, sponsors are asked to deliver food baskets directly to families.*

☐ **Adopt-A-Family Program:** Minimum Requirements: Sponsors are asked to provide gifts for the children living in the household (up to age 18) consisting of at least two to three gifts per child. Of course, you may provide more if you desire. Gifts for the adults in the household are optional. A food basket or grocery gift card for a holiday meal is also optional.

How many families do you wish to adopt? _____ Maximum size of family(s): _____

Do you have any special preferences (i.e., specific genders or ages)? _____

IMPORTANT

Due to the high volume of households in need, we ask our **Adopt-A-Family sponsors** to make direct contact with the families with questions regarding gifts, or to make arrangements for delivery. If you prefer to remain anonymous, gifts may be delivered to West Des Moines Human Services on December 19th, 20th or 21st between 8 am and 4 pm. Please call 222-3663 to schedule a delivery time, or to make arrangements outside of these dates.

☐ **Toyland:** Please deliver new, unwrapped toys or gifts for teens to our office **by Wednesday, December 14th**. Approximately how many toys do you wish to provide? _____

☐ **Monetary Contribution:** Your contribution will be used to assist families in need during the holidays and throughout the year. **Please make your check payable to:** West Des Moines Human Services

PLEASE RETURN YOUR SPONSOR FORM OR DONATION TO:

MAIL: WDM Human Services, P.O. Box 65320, West Des Moines, IA 50265-0320

DROP OFF: WDM Human Services, 139 6th St, West Des Moines, IA 50265

E-MAIL: Melinda.Hotovec@wdm.iowa.gov **FAX:** 515-222-3669

QUESTIONS: Please call Mindy Hotovec at 515-222-3663.

Thank you for your support!